

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	E-H		87724-01
O.I.P.E. CLASSIFIER		12	
FORMALITY REVIEW	LL	553	9-5-01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	7-2
Original	24-36
	03-04
1	✓
2	✓✓
3	✓✓
4	00
5	✓✓
6	✓✓
7	✓✓
8	✓✓
9	✓✓
10	✓✓
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21	✓✓
22	✓✓
23	✓✓
24	0
25	✓
26	✓
27	✓
28	✓
29	✓
30	✓✓
31	✓✓
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Claim	Date
Final	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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10-05-01  
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